

**NOTICE OF TERMINATION OF PRODUCER'S AUTHORITY TO ACT UNDER  
COMPANY OR FIRM LICENSE**

To: **IDAHO DEPARTMENT OF INSURANCE**  
**700 W STATE ST FL 3**  
**PO BOX 83720**  
**BOISE ID 83720-0043**

Notice is hereby given that \_\_\_\_\_  
Name of producer

Producer's license # \_\_\_\_\_ lines of authority: \_\_\_\_\_  
is to be deleted from our license as an individual authorized to act under the company/agency  
license, effective \_\_\_\_\_.

Date of termination (may not backdate more than 30 days)

Name of Company/Agency: \_\_\_\_\_

Company Idaho COA number: \_\_\_\_\_

Agency Idaho license number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Officer/Producer

\_\_\_\_\_  
Officer's Title

\_\_\_\_\_  
Date

**NOTE:**

1. This request must be signed by an officer of the firm or company unless a producer is terminating an appointment themselves, in which case the producer may sign, but is responsible for notifying any insurers or agencies who may be concerned with this action.
2. You may consult our website for confirmation of this transaction or submit this form in duplicate and include a postage paid envelope.
3. You do not need to send this form if you have transacted the termination electronically.
4. If termination is for cause, please attach an explanation.
5. If no confirmation is required, you may fax to: 208-334-4398. Check website for update of record.

**NO FEE REQUIRED**

**Termination of appointment/registration form cont.**

For multiple listings of producers to be terminated from your firm/company, see below:

<u>Producer name</u>	<u>Idaho Lic #</u>	<u>Lines of Authority</u>